

TABLE OF CONTENTS

CHAPTER EIGHTEEN

TRANSPORTATION SERVICES

Rule	Title	Page
560-X-18-.01	Transportation Services-General	1
560-X-18-.02	Definitions	1
560-X-18-.03	Prior Authorization	2
560-X-18-.04	Scope of Ambulance Transportation Service Operations	3
560-X-18-.05	Ambulance Service Participation	4
560-X-18-.06	Payment for Services	4
560-X-18-.07	Time Limitation for Filing Medicaid Claims	5
560-X-18-.08	Third Party Responsibility	5
560-X-18-.09	Individuals Eligible for Both Medicare and Medicaid	5
560-X-18-.10	Volunteer Services	6
560-X-18-.11	Out-of-State Transportation	6
560-X-18-.12	Providers of Service Procedures	7
560-X-18-.13	Providers of Ambulance Service Responsibilities	7
560-X-18-.14	Assuring High Quality Care	8
560-X-18-.15	Air Transportation Services	8
560-X-18-.16	Non-Emergency Transportation Program	9
560-X-18-.17	Trip Eligibility	9
560-X-18-.18	Reimbursement for Transportation	10

560-X-18-.19	Administration of the NET Program	10
560-X-18-.20	Escorts	11
560-X-18-.21	Scope of Service	11
560-X-18-.22	NET Covered Services	11
560-X-18-.23	Service Limitations	12
560-X-18-.24	Non-covered Services	12

## **Chapter 18. Transportation Services.**

### **Rule No. 560-X-18-.01. Transportation Services - General.**

(1) The Title XIX (Medicaid) Plan for Alabama provides for transportation of eligible recipients to and from sources of medical care. Service will be provided either as a benefit or as an administrative expense through methods ranging from voluntary no-cost to paid ambulance transportation.

(2) The approved plan includes:

(a) Reimbursement of ambulance service for emergency and nonemergency situations without prior approval and special situations with preauthorization given by Alabama Medicaid Agency; and

(b) Coordination with the Department of Human Resources to conduct a program within the counties to arrange for transportation from existing recognized nonprofit volunteer groups.

Authority: State Plan, 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982. Effective date of this amendment August 12, 1994.

### **Rule No. 560-X-18-.02. Definitions.**

(1) Recipient

An individual determined to be eligible for Medicaid under the state plan.

(2) Ambulance

(a) Vehicle specifically designed and equipped for transporting the wounded, injured, ill, or sick. Medicaid recognizes three levels of ambulance services: Basic Life Support (BLS), Advanced Life Support (ALS), and Non-emergency Ambulance Transportation. For a concise definition of these ambulance services refer to the Ambulance (Ground & Air) and/or Non-emergency Transportation (NET) Program chapters of the Alabama Medicaid Provider Manual.

(b) All ambulances licensed and operating in Alabama shall have the essential equipment on board as listed in Rule No. 420-2-1-.04, Ambulance Vehicle Specifications; Emergency Medical Services Rules; Alabama Department of Public Health. Effective date of this publication is January 1991.

(c) Exceptions: The above referred rules, regulations, and standards shall not apply to:

1. Volunteer rescue squads that are members of Alabama Association of Rescue Squads.

2. Ambulances operated by federal agencies.

3. Ambulances which are rendering assistance to licensed ambulances in the case of an emergency in which the licensed ambulances of Alabama are insufficient or unable to provide necessary ambulance services.

4. Ambulances which are operated from a location or headquarters outside Alabama that transport patients from outside the state to locations within the state.

(d) No out-of-state ambulance shall be used to pick up patients for transportation point-to-point within Alabama unless the ambulance operator and ambulance attendant hold current Alabama licenses.

(3) License

No person shall be employed as ambulance attendant, ambulance driver, or ambulance driver-attendant; nor shall any person, firm, or corporation operate an ambulance, or ambulances, on the streets, alleys, or any public way or place in the State of Alabama without having first obtained a valid license from the Emergency Medical Service Division of the Alabama Department of Public Health.

(4) Emergency - Medical conditions of a serious or urgent nature that warrant immediate action to prevent the death or serious impairment of the health of the individual, e.g., accident, heart attack, acute stroke, etc..

(5) Accident - An unexpected happening causing loss or injury to the recipient.

(6) Qualified Provider of Medical Care - The medical source generally available and used by other residents of the community, if that source participates in the Medicaid program.

(7) Evident hardship - May justify an exception from the specific regulation where it is referenced, when the length of the trip, the frequency of the travel or the lack of other practical alternative makes such an exception reasonable.

**Author:** Ginger Collum, Program Manager, Clinic/Ancillary Services

**Statutory Authority:** State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act.

**History:** Rule effective October 1, 1982. Amended January 1, 1996, March 14, 1996, and August 12, 1994. Amended: Filed May 22, 2001; effective August 16, 2001.

Rule No. 560-X-18-.03. Prior Authorization.

(1) All nonemergency ambulance service rendered to eligible Alabama Medicaid recipients outside of the local area (the local area applies to city limits, county jurisdiction, and other areas 30 miles or more one way where medical care is received), requires prior authorization.

(2) All requests for prior authorization by the attending physicians or their representatives will be directed to the Prior Authorization Unit, Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36103.

(3) When requesting prior authorization, the Prior Authorization Unit must be provided the recipient's name, Medicaid number, address, diagnosis, attending physician, reason for movement (from and to) and the name of the ambulance provider that will be used.

(4) Alabama Medicaid Agency may request written justification from the attending physician in unusual situations.

(5) Alabama Medicaid Agency will confirm/deny the prior authorization in writing to the provider of service.

(6) A six-digit authorization number will be assigned to all confirmed prior authorizations. The provider will enter the prior authorization number in the appropriate space on the billing form.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982. Emergency Rule effective January 1, 1996. Effective date of this amendment March 14, 1996.

**Rule No. 560-X-18-.04. Scope of Ambulance Transportation Service Operations.**

(1) All transportation must be medically necessary and reasonable. Documentation must state the condition(s) that show necessity of ambulance service, (and indicate why patient could not be transported by another mode of transportation).

(2) No payment may be made for ambulance service if some other means of transportation could be utilized without endangering the recipient's health.

(3) Emergency ambulance services are provided to eligible recipients between:

- (a) Scene (address) of emergency and local hospital.
- (b) Nursing home and local hospital.
- (c) Local hospital and specialized hospital

(Example: From Montgomery to University of Alabama Hospital in Birmingham).

(d) Exception: Ambulance service to a physician's office is not considered an emergency.

(4) Payment may be made if the eligible recipient expires enroute to or from a health care facility. Payment may not be made if the recipient was pronounced dead by a legally authorized individual prior to transport.

(5) More than one eligible recipient may be transferred in the same ambulance at the same time. A separate claim form must be filed for each recipient.

(6) Nonemergency ambulance service is provided to eligible recipients in a local area (normally received medical care) between:

- (a) nursing facility and hospital or specialized clinic for diagnostic tests;
- (b) home and hospitals or specialized clinics for diagnostic tests or procedures for non-ambulatory recipients, (maximum of two round trips per month without prior authorization);
- (c) hospital and home following hospital admission;

(d) home and treatment facility (for recipients designated on Home Health Care Program who are confined as "bedfast" patients). (maximum of two round trips per month without prior authorization);

(e) nursing facility and nursing facility;

(f) Ambulance service to a physician's office is covered when prior approved by Medicaid. All ambulance services to physicians' offices must be prior approved;

(g) hospital and hospital;

(h) hospital and nursing facility following hospital admission.

**Author:** Ginger Collum, Program Manager, Clinic/Ancillary Services

**Statutory Authority:** State Plan; 42 C.F.R. Section 431.53; and Title XIX, Social Security Act.

**History:** Rule effective October 1, 1982. Amended June 28, 1991, October 12, 1991, April 14, 1992, August 12, 1994, January 1, 1996, March 14, 1996, and August 16, 2001. Amended: Filed March 20, 2002; effective June 14, 2002.

Rule No. 560-X-18-.05. Ambulance Service Participation.

(1) All in-state and borderline out-of-state providers (within a 30-mile radius of the state line), in compliance with Rule No. 560-X-18-.02(2)(b) above, will be afforded an opportunity to sign an ambulance service contract with Alabama Medicaid Agency, to participate in the program for providing ambulance service to Title XIX eligible recipients. Written enrollment requests should be forwarded to Transportation Services, Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36104.

(2) The following items require that a new Ambulance Service contract be entered into with the Alabama Medicaid Agency:

(a) Expiration of State License and new license issued.

(b) Change of ownership.

(3) The fiscal agent will be responsible for enrolling any Title XVIII (Medicare) qualified ambulance service that wishes to enroll in the Medicaid Transportation Program as a QMB-only provider.

Authority: State Plan; Attachment 3.1-A; Title XIX, Social Security Act; 42 C.F.R. Sections 431.53, 441.62. Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360). Rule effective October 1, 1982. Amended May 9, 1984, January 1, 1987, and July 13, 1989. Effective date of this amendment August 12, 1994.

**Rule No. 560-X-18-.06. Payment for Services.**

(1) The transportation provider is responsible for completion of the HCFA 1500 claim form. All claims submitted will be required to include the diagnosis code, modifiers, and indicators as appropriate.

(2) Payment for ambulance services shall be based on the lesser of the submitted charge or Alabama Medicaid's statewide ambulance service rate. These payments shall not exceed combined payments for providing comparable services under comparable circumstances under Medicare and/or more than the prevailing charges in the locality for comparable services under comparable circumstance.

(3) Air transportation for adults 21 years of age and older will be reimbursed at the emergency ground rate.

(4) Ambulance services billed will be commensurate with services actually performed. Services rendered are independent of the type of call received or the type staff/equipped ambulance service responding.

(5) An Alabama Medicaid Provider may bill an Alabama Medicaid recipient when the recipient has exhausted all of his/her allowed Medicaid benefits for the calendar year, or when the service rendered by the provider is a non-covered benefit as outlined in the Alabama Medicaid Agency Administrative Code.

**Author:** Ginger Collum, Program Manager, Clinic/Ancillary Services.

**Statutory Authority:** State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act.

**History:** Rule effective October 1, 1982. Amended July 9, 1984, January 1, 1987 and August 12, 1994. Amended: Filed March 20, 2002; effective June 14, 2002.

Rule No. 560-X-18-.07. Time Limitation for Filing Medicaid Claims.

Claims for payment (appropriate forms provided by fiscal agent for Medicaid) from provider of service shall be submitted to fiscal agent for Medicaid within one year of the date of service.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982.

Rule No. 560-X-18-.08. Third Party Responsibility.

(1) Please refer to Chapter No. 560-X-20, Third Party, for information concerning filing insurance and release of information pertaining to recipients' changes.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982. Effective date of this amendment December 6, 1984.

Rule No. 560-X-18-.09. Individuals Eligible for Both Medicare and Medicaid.

(1) An individual who is either sixty-five (65) years of age or older, who is under sixty-five years of age, and who has been receiving green Social Security disability checks for twenty-four (24) consecutive months, who presents a current white Medicaid

Eligibility Card without a Medicare Claim Number should be questioned about coverage under Medicare.

(2) If the recipient does not have a Medicare card and if he/she has not applied for Medicare, he/she should be advised to contact the District Social Security Office immediately.

(3) Claims should not be filed with Medicaid until the Social Security Office makes a determination about eligibility for Medicare.

(4) Please refer to Chapter 1, General.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982. Effective date of this amendment August 12, 1994.

#### Rule No. 560-X-18-.10. Volunteer Services

Alabama Medicaid Agency and the Department of Human Resources (county level) shall work for procurement of additional volunteer transportation support from volunteer groups and nonprofit organizations.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982. Effective date of this amendment August 12, 1994.

#### Rule No. 560-X-18-.11. Out-of-State Transportation.

(1) All written or verbal communications pertaining to Alabama Medicaid recipients, from out-of-state physicians or providers of ambulance transportation, will be referred to Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36104.

(2) Appropriate billing forms will be provided at a fee to ambulance service providers upon request.

(3) Payment will be as stated in Rule No. 560-X-18-.07.

(4) Processing for payment will be the same as Rule No. 560-X-18-.13(6) and (8).

(5) All out-of-state providers of ambulance service are responsible for compliance with all applicable paragraphs of this Alabama Medicaid Regulations Manual, when requesting payment for service provided an eligible Alabama Medicaid recipient.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982. Effective date of this amendment August 12, 1994.



Rule No. 560-X-18-.12. Providers of Service Procedures.

(1) To be eligible for participation in the Alabama Medicaid Ambulance Program and to receive payment for service, each provider of ambulance service in Alabama in compliance with Rule No. 560-X-18-.02(2) must enter into a written agreement with Alabama Medicaid Agency.

(2) Ambulance Service Agreement (contract) available from the Alabama Medicaid Agency, must be completed in two copies.

(3) Contract must be approved by Alabama Medicaid Agency with an effective date for payment of Medicaid covered ambulance services. The effective date of the contract will be the first day of the month the Agency signs the contract.

(4) The Ambulance Service Agreement (contract) may be terminated for failure of the parties to fulfill one or more of the contract provisions. Medicaid reserves the right to immediately terminate a contract in the event of fraud or a criminal conviction.

(5) Each party may terminate the agreement on thirty days written notice.

(6) The permanent record copy which fully disclose the extent and cost of services, equipment, or supplies furnished eligible recipients must be maintained by the provider and available for audit by State and Federal auditors for a period of three years.

(7) Providers of transportation are responsible for verifying the recipient's current Medicaid eligibility.

(8) All required blanks and spaces on the claim form must be completed before submitting it to the Medicaid fiscal agent for payment.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; and Title XIX, Social Security Act. Rule effective October 1, 1982. Amended January 1, 1987, January 13, 1993, and October 14, 1993. Effective date of this amendment August 12, 1994.

Rule No. 560-X-18-.13. Providers of Ambulance Service Responsibilities.

(1) Act No. 645 passed by the 1976 Regular Session of the Legislature of Alabama provided that any person who, with intent to defraud or deceive, makes or causes to be made, any false statement or representation of material fact in any claim or application for any payment, regardless of the amount from Alabama Medicaid Agency, knowing the same to be false, shall be guilty of a felony.

(2) All services will be provided without discrimination of race, color, or national origin, as in accordance with the provisions of Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973.

(3) The provider of Ambulance Services, will assume all responsibility for operation of the service if a medical/legal accident should occur.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; Title XIX, Social Security Act. Rule effective October 1, 1982.

**Rule No. 560-X-18-.14. Assuring High Quality Care.**

(1) Under the provisions of Federal and State law, Medicaid must establish a mechanism to insure that all such care is of good quality and that the service(s) for which billing was made, conforms to that which was done. See Chapter 2, Rule 560-X-2-.01 (2) and (3) for criteria.

Authority: State Plan; 42 C.F.R. Section 401, et seq.; Title XIX, Social Security Act. Rule effective October 1, 1982.

**Rule No. 560-X-18-.15 Air Transportation Services**

(1) Covered Services

(a) Air transportation services are covered for adults and children with authorization required prior to payment. Air transportation may be rendered only when basic and advanced life support land ambulance services are not appropriate. Medical appropriateness may be established when the time of need to transport by land or the instability, inaccessibility, or other obstacles to land transportation poses a threat to survival or seriously endangers the recipient's health. In certain cases when time required to transport by land as opposed to air endangers the recipient's life or health, services may be authorized. Air transportation will not be provided for convenience.

(b) Medicaid requires that the patient be taken to the nearest hospital having appropriate facilities, physicians, or physician specialist needed to treat the patient's condition. The hospital must also have a bed or specialized treatment unit immediately available. If the patient is not taken to the nearest appropriate hospital, payment will be limited to the rate for the distance from the pick up point to the nearest appropriate hospital.

(c) If it is determined that land ambulance service would have been more appropriate, payment for air transportation will be based on the amount payable for land transportation. Trips less than 75 loaded air miles are not considered to be appropriate unless extreme, extenuating circumstances are present and documented.

**Author:** Ginger Collum, Program Manager, Clinic/Ancillary Services

**Statutory Authority:** State Plan, 42 C.F.R. Section 431.53 and Title XIX, Social Security Act.

**History:** Rule effective October 1, 1982. Emergency Rule effective June 28, 1991. Amended April 14, 1992, April 15, 1993, August 12, 1994, October 13, 1998. Amended: Filed December 17, 2001, effective March 15, 2002. Amended: Filed March 20, 2002; effective June 14, 2002. **Amended:** Filed March 22, 2004, effective June 16, 2004.

Rule No. 560-X-18-.16. Non-Emergency Transportation Program-General.

(1) As the State Agency for administering the Non-Emergency Transportation Program, under Title XIX of the Social Security Act, the Alabama Medicaid Agency must ensure that transportation for Medicaid allowable medical services is available for all eligible recipients in the state who have no other means of transportation.

(2) Medical transportation services include transportation of a Medicaid recipient to and from Medicaid allowable medical service for which a recipient has available benefits.

(3) In order to eliminate or reduce transportation barriers for Medicaid recipients, Medicaid created the Non-Emergency Transportation Program (NET). NET is responsible for ensuring that necessary non-ambulance transportation services are provided in a manner that is:

- (a) similar in scope and duration state-wide, although there will be some variation depending on resources that are available in a particular geographical location of the state;
- (b) consistent with the best interest of recipients;
- (c) appropriate to available services, geographic location and limitations of recipients;
- (d) prompt;
- (e) cost-effective, and
- (f) efficient.

(4) All payments for non-emergency transportation services must have prior authorization by the Alabama Medicaid Agency, with the exception of those services listed in Rule 560-X-18-.04(6), and those services requiring urgent care.

(a) Urgent care is defined as medical care that is required after normal business hours.

(b) Request for reimbursements for non-emergency transportation as a result of urgent care, must be made the first business day after the transportation need has occurred.

Authority: State Plan; 42 C.F.R., Section 431.53; and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

Rule No. 560-X-18-.17. Trip Eligibility.

(1) Eligible recipients must receive the most cost effective transportation practical, that does not endanger their health, to facilities that are accessible and appropriate for Medicaid allowable medical services for which a recipient has available benefits.

(2) Recipients who request out-of-state transportation to medical facilities must have a physician submit to the Alabama Medicaid Agency a physician's statement which

justifies the need for medical services out-of-state and that such services cannot be obtained in-state.

Authority: State Plan, 42 C.F.R. Section 431.53 and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

Rule No. 560-X-18-.18. Reimbursement for Transportation.

(1) Reimbursement for transportation services may be furnished by a bus token or pass, travel voucher or other authorized form of reimbursement to the Medicaid recipient that may be used to purchase transportation.

Authority: State Plan; 42 C.F.R., Section 431.53; and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

Rule No. 560-X-18-.19. Administration of the NET Program.

(1) The Alabama Medicaid Agency arranges necessary non-emergency transportation services for Medicaid recipients. The responsibilities of the NET Program include but are not limited to:

(a) Determine availability of free transportation; this includes recipient's vehicle, transportation by relative or friend or volunteer services. No Medicaid provided transportation is available if recipient has access to free transportation, except in the case of evident hardship.

(b) Evident hardship will be determined by the Alabama Medicaid Agency.

(c) Establish eligibility; no reimbursement is available for non-eligible transportation services.

(d) Determination of medical necessity for transportation services which Medicaid arranges.

(e) Determination of the least costly means of transportation services which Medicaid arranges.

(f) Arrange the least costly, most appropriate level of transportation service to meet the needs of the eligible Medicaid recipient and authorize the most cost-effective level of service and assign prior authorized number.

(g) Coordination of in-state and out-of-state commercial bus, train, or air transportation; the Alabama Medicaid Agency may approve the use of commercial buses, trains or airplanes for in-state and out-of-state use for Medicaid recipients.

(h) The Alabama Medicaid Agency may issue a travel voucher or the cost of fare for recipients who are able to ride public transportation to medical services; public transportation should be utilized whenever possible; before other modes of transportation are authorized, there should be a determination that public transportation cannot meet the recipient's needs.

Authority: State Plan; 42 C.F.R., Section 431.53; and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

Rule No. 560-X-18-.20. Escorts.

(1) Escorts are allowed for recipients under the age of 21.

(2) The Alabama Medicaid Agency must obtain a medical certification statement from the individual requesting an escort for recipients age 21 and over before reimbursement can be made. The certification must document that the recipient is physically or mentally challenged, such as:

- (a) blind;
- (b) deaf;
- (c) mentally retarded;
- (d) mentally ill; or
- (e) physically handicapped to such a degree that personal assistance is

necessary.

Authority: State Plan; 42 C.F.R., Section 431.53, and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

Rule No. 560-X-18-.21. Scope of Service.

(1) Health care services for which a recipient may need NET includes Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services, inpatient hospital care, outpatient hospital care, services from physicians, diagnostic devices (e.g., X-ray and laboratory), clinic services (family planning, rural health and community mental health), dental services, orthotic and prosthetic services, and eye care services.

Authority: State Plan; 42 C.F.R., Section 431.53; and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

Rule No. 560-X-18-.22. NET Covered Services.

(1) Net services may be provided by one or more of the modes listed below when the recipient's medical care is necessary and the recipient has no other transportation resources. The least costly mode of transportation appropriate to the needs of the recipient must be used. This section includes all services covered by the NET Program:

- (a) Automobile (volunteer driver); multiple passenger transportation is encouraged. Volunteer drivers can be reimbursed from the recipient's home (or place of admission or discharge) and return, unless Medicaid determines paying for additional mileage is the most economical transportation;
- (b) minibuses services;
- (c) wheelchair vans services. Escorts are allowed for wheelchair vans when prior approved by the Alabama Medicaid Agency;
- (d) bus (commercial or city transit); this service may be provided in-state or out-of-state.
- (e) airplane transportation will be reimbursed for in-state or out-of-state service;

(f) train service may be provided in-state or out-of-state.

(g) escort services for minibus, automobile, commercial bus, train, and airplane transportation. An escort is defined as an individual, other than an employee of a NET provider whose presence is required to assist a recipient during transport and while at the place of treatment. An escort is typically a relative, guardian, or volunteer. Only one escort is covered per recipient in need and there must exist an identifiable need for the escort. Escort services are utilized in-state or out-of-state for recipients over 21 years only when a physician's statement documents that an escort is required because the recipient is blind, deaf, mentally retarded, or mentally ill or physically handicapped to such a degree personal assistance is necessary;

(h) escort services for commercial bus, train, and airplane transportation are reimbursed for the actual cost of the bus, train, or plane ticket; and

(i) meals and lodging when overnight travel is necessary for the recipient and one escort when an escort is required and authorized. Receipts or confirmation of expenses are required before reimbursement can be made. In no case will reimbursement exceed \$50.00 per person, per day.

Authority: State Plan; 42 C.F.R., Section 431.53; and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

#### Rule No. 560-X-18-.23. Service Limitations.

(1) A maximum of one round trip may be reimbursed per date of service per recipient.

Authority: State Plan; 42 C.F.R., Section 431.53; and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.

#### Rule No. 560-X-18-.24. Non-covered Services.

(1) Transportation provided by relatives or individuals living in the same household with the Medicaid recipient except in the case of evident hardship:

(2) transportation provided in the Medicaid recipient's vehicle or relative's vehicle except in the case of evident hardship;

(3) any travel when the Medicaid recipient is not an occupant of the vehicle unless that would be the most economical transportation available;

(4) meals and lodging for volunteer drivers;

(5) the use of supplies such as oxygen, intravenous fluids, etc.;

(6) transportation for any services other than those covered by Medicaid;

(7) transportation provided after the death of a Medicaid recipient;

(8) minibus or wheelchair van travel outside a 30-mile radius of the state boundary;

(9) services for which prior approval is required but not obtained; and

(10) services are not medically necessary or which are not provided in compliance with the provision of this chapter.

Authority: State Plan; 42 C.F.R., Section 431.53; and Title XIX, Social Security Act. Emergency rule effective January 1, 1996. Effective date of this rule March 14, 1996.